

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9-22-05</u>		2 Serial/Patent # <u>10/531853</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/> Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1"><tr><td>0</td><td>1</td><td>--</td><td>0</td><td>0</td><td>3</td><td>5</td></tr></table>			0	1	--	0	0	3	5
0	1	--	0	0	3	5					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>											
*****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									
DAH: 010835 Net: 09/23/2005 BCAMPBEL 0023105700 FC: 9204 Name/Number: 10531853 \$100.00 CR											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: